

United States Bankruptcy Court
Northern District of Ohio

In re **Brian Thomas Finley,
 Jessica Marie Finley**

Debtors

Case No. **10-13311-H**

Chapter **13**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	2	85,000.00		
B - Personal Property	Yes	3	4,493.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		128,598.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		6,728.70	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		41,112.74	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,481.92
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,208.59
Total Number of Sheets of ALL Schedules		26			
Total Assets			89,493.00		
Total Liabilities				176,439.44	

United States Bankruptcy Court
Northern District of Ohio

In re **Brian Thomas Finley,
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Debtors

Case No. 10-13311-H

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	6,728.70
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	10,196.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	16,924.70

State the following:

Average Income (from Schedule I, Line 16)	3,481.92
Average Expenses (from Schedule J, Line 18)	3,208.59
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	5,986.41

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		43,598.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	6,728.70	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		41,112.74
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		84,710.74

In re **Brian Thomas Finley,
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Case No. **10-13311-H**

Debtors

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxx6616 Creditor #: 1 Alexandria Vaneck Co., LPA 5660 Southwyck Blvd. #110 Toledo, OH 43614		W	7/2/02 Medical services				165.00
Account No. Cottle Pathology Services Inc			Additional Notify: Alexandria Vaneck Co., LPA				Notice Only
Account No. xxxxxxxx5630 Creditor #: 2 Asset Acceptance Corp. P.O. Box 2036 Warren, MI 48090		J	1/31/2006 SBC				240.00
Account No. SBC Bill Payment Center Saginaw, MI 48663-0003			Additional Notify: Asset Acceptance Corp.				Notice Only
Subtotal (Total of this page)							405.00

11 continuation sheets attached

In re **Brian Thomas Finley,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx6269 Creditor #: 3 Assetcare Inc 5100 Peachtree Industrial Blvd. Norcross, GA 30071	W	8/2/2008 Medical Services				179.00
Account No. Creditor #: 4 Citi Auto % Santander Consumer USA, Inc. P. O. Box 961245 Fort Worth, TX 76161-1245	J	2007 repossessed automobile				0.00
Account No. xxxxxxxxxxxx3624 Creditor #: 5 Citifinancial 300 Saint Paul Place Baltimore, MD 21202	W	Opened 8/16/06 Last Active 7/28/07 Credit card purchases				9,013.00
Account No. Creditor #: 6 Cleveland Clinic PO Box 94909 Cleveland, OH 44101	H	Medical services				Unknown
Account No. xx0101 Creditor #: 7 Cleveland Regional Physicians PO Box 715128 Columbus, OH 43271	W	Medical services. Multiple accounts.				350.00
Sheet no. 1 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 9,542.00

In re **Brian Thomas Finley,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Revenue Group 3700 Park East Dr., Ste. 240 Beachwood, OH 44122			Additional Notify: Cleveland Regional Physicians			Notice Only
Account No. Creditor #: 8 Cleveland State University 2121 Euclid Ave Cleveland, OH 44115-2214	J	2008				Unknown
Account No. Keith D. Weiner & Associates 75 Public Square, 4th Floor Cleveland, OH 44113			Additional Notify: Cleveland State University			Notice Only
Account No. x-xx383.0 Creditor #: 9 Community Emergency Physicians P.O. Box 72556 Cleveland, OH 44192	H	2/5/2001 Medical Services				185.00
Account No. xxxxxxxxxxxx1248 Creditor #: 10 Dillard's/GEMB c/o LNVN Funding, LLC P.O. Box 740281 Houston, TX 77274	W	Opened 6/24/08 Last Active 6/01/06 Credit card purchases				718.00
Sheet no. 2 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 903.00

In re **Brian Thomas Finley,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx6232		W	Opened 3/01/07 Last Active 10/01/06 Consumer purchases			518.00
Creditor #: 11 Direct Loan Clinic/Lakewood c/o First Federal Credit Control 24700 Chagrin Blvd., Ste. 205 Beachwood, OH 44122						
Account No. xxxx2047		W	Opened 6/01/05 Last Active 5/01/03 Medical services			518.00
Creditor #: 12 Direct Loan Parma Hospital c/o NCO Fin/55 605 W. Edison Rd., Ste. K Mishawaka, IN 46545						
Account No.		W	Medical services			2,500.00
Creditor #: 13 Dr. Azzam Ahmed Comprehensive Care 5734 Ridge Road Cleveland, OH 44129						
Account No. Unknown		W	Unknown Medical			728.00
Creditor #: 14 Dr. Daniel Polster 7575 North Cliff Ave. Suite 405 Cleveland, OH 44144						
Account No.		J	Medical services			0.00
Creditor #: 15 Dr. Fadi Bashour 7575 Northcliff Avenue Cleveland, OH 44144						
Sheet no. <u>3</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			4,264.00

In re **Brian Thomas Finley,
Jessica Marie Finley**Case No. **10-13311-H**Debtors
AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xx2340 Creditor #: 16 Emergency Physicians 24700 Chagrin Blvd Ste 205 Beachwood, OH 44122	W	5/9/2007 Medical services				3,312.00
Account No. First Federal Credit Control 24700 Chagrin Blvd., Ste. 205 Beachwood, OH 44122		Additional Notify: Emergency Physicians				Notice Only
Account No. xxxx9976 Creditor #: 17 Emergency Prof Svcs. Inc. c/o NCO Fin/2 507 Prudential Rd. Horsham, PA 19044	H	Opened 9/28/09 Last Active 6/01/08 Medical services				84.00
Account No. AMAIN128055 MJ Hecker & Associates , PC 5889 Greenwood Plaza Suite 205 Englewood, CO 80111		Additional Notify: Emergency Prof Svcs. Inc.				Notice Only
Account No. Creditor #: 18 Fairview Hospital PO Box 92929 Cleveland, OH 44194	J	Medical services. Multiple accounts for both debtors.				Unknown
Sheet no. 4 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,396.00

In re **Brian Thomas Finley,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. CBCS P.O. Box 165025 Columbus, OH 43216-5025		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notify: Fairview Hospital				Notice Only
Account No. xxxxxxxxxxxx0384 Creditor #: 19 Home Depot/Citibank c/o LNVN Funding, Inc. P.O. Box 740281 Houston, TX 77274	H	Opened 4/29/08 Last Active 7/01/06 Credit card purchases				2,828.00
Account No. xxxx4030 Creditor #: 20 Imaging Center c/o First Federal Credit Control 24700 Chagrin Blvd., Ste. 205 Beachwood, OH 44122	H	Opened 11/12/09 Last Active 3/01/09 Medical services				80.00
Account No. xxxxx4961 Creditor #: 21 Kaiser Permanente c/o NCO Fin/55 P.O. Box 15636 Wilmington, DE 19850	H	Opened 7/12/07 Medical services				222.00
Account No. xxx9352 Creditor #: 22 Kevin L. String L.P.A. P.O. Box 221406 Cleveland, OH 44114	W	7/11/2001 Medical services.				158.00
Sheet no. 5 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,288.00

In re **Brian Thomas Finley,
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Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.						
Immediate Medical Management		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional Notify: Kevin L. String L.P.A.				Notice Only
Account No.		Medical services				
Creditor #: 23 LabCorp. P.O. Box 2240 Burlington, NC 27216-2240	W					70.00
Account No.		Medical services.				
Creditor #: 24 Lakewood Hospital PO Box 73502 Cleveland, OH 44193-0002	W					500.00
Account No. x/x/2001		Medical services				
Creditor #: 25 Michael P. Margelefsky 709 Madison Ave Suite 302 Toledo, OH 43624	H					158.00
Account No.						
Emergency Physicians Group		Additional Notify: Michael P. Margelefsky				Notice Only
Sheet no. 6 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			728.00

In re **Brian Thomas Finley,
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AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx6164 Creditor #: 26 Montgomery, Lynch & Assoc. P.O. Box 21369 Cleveland, OH 44121-1369	W	4/22/2005 Notice only - collections for another claim. Claim amount \$				728.00
Account No. xxxxxxx200E Creditor #: 27 NCO P.O. Box 7622 Fort Washington, PA 19034	J	Dayton Newspapers Inc.				46.44
Account No. xxxx2047 Creditor #: 28 NCO Financial Systems, Inc. P.O. Box 41421 Dept. 55 Philadelphia, PA 19101	H	6/7/2005 Medical services				517.80
Account No. xxxx9688 Creditor #: 29 Ohio Anesthesia Group PO Box 715128 Columbus, OH 43271	J	Medical services				93.60
Account No. xxx7357 Creditor #: 30 Ohio Attorney General 150 East Gay Street, 21st Floor Columbus, OH 43215	J	2007				4,628.00
Sheet no. <u>7</u> of <u>11</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 6,013.84

In re **Brian Thomas Finley,
Jessica Marie Finley**Case No. **10-13311-H**

Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx4351 Creditor #: 31 Parma Anesthesia Associates 5425 Warner Rd Suite 12 Cleveland, OH 44125	W	7/2/2003 Medical services.				720.60
Account No. J.L Russell & Associates		Additional Notify: Parma Anesthesia Associates				Notice Only
Account No. Creditor #: 32 Parma Hospital 7007 Powers Blvd. Cleveland, OH 44129	J	Medical services. Multiple accounts for both debtors.				Unknown
Account No. NCO Financial Systems, Inc. P.O. Box 41421 Dept. 44 Philadelphia, PA 19101		Additional Notify: Parma Hospital				Notice Only
Account No. xxxx8774 Creditor #: 33 Ridge Neck and Back c/o First Federal Credit Control 24700 Chagrin Blvd., Ste. 205 Beachwood, OH 44122	H	Opened 10/09/09 Last Active 4/01/09 Medical services				305.00
Sheet no. 8 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,025.60

In re **Brian Thomas Finley,
Jessica Marie Finley**Case No. **10-13311-H**

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AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Creditor #: 34 Sandvik Publishing P.O. Box 1919 Kings Park, NY 11754	J	Book club				50.00
Account No. Creditor #: 35 SBC Bill Payment Center Saginaw, MI 48663-0003	J	Phone services				200.00
Account No. AT & T Bankruptcy Dept. P.O. Box 769 Arlington, TX 76004		Additional Notify: SBC				Notice Only
Account No. xxxxxxx-xxx7524 Creditor #: 36 Southwest Hospital P.O. Box 22215 Beachwood, OH 44122	H	12/25/1999-8/08/2003 Medical services				150.00
Account No. Receivables Outsourcing Inc. P.O. Box 22215 Beachwood, OH 44122		Additional Notify: Southwest Hospital				Notice Only
Sheet no. 9 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 400.00

In re **Brian Thomas Finley,
Jessica Marie Finley**Case No. **10-13311-H**

Debtors

AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9044 Creditor #: 37 Timber Ridge Neck and Back 9257 Sprague Road North Royalton, OH 44133	H	Medical services.				304.69
Account No. Creditor #: 38 Unifund CCR Partners Box 42465 Cincinnati, OH 45242	J	2009				Unknown
Account No. David Bader, Esq. 3231 Central Park West Suite 203 Toledo, OH 43617		Additional Notify: Unifund CCR Partners				Notice Only
Account No. xxxxxx4841 Creditor #: 39 US Dept. of Education P.O. Box 5609 Greenville, TX 75403	W	Opened 9/21/03 Last Active 11/01/09 Student loan				10,196.00
Account No. xxxxxxxx-xxxx3792 Creditor #: 40 Washington Mutual Bank FA c/o Arrow Financial Services 5995 W. Tougy Ave. Niles, IL 60714	W	Opened 7/26/07 Last Active 12/01/06 Credit card purchases. Multiple accounts				Unknown
Sheet no. 10 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,500.69

In re **Brian Thomas Finley,
Jessica Marie Finley**Case No. **10-13311-H**

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AMENDED**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Creditor #: 41 Westgate Medical Group P.O. Box 30 Ravenna, OH 44266		W	Medical services			567.00
Account No. Creditor #: 42 Westside Imaging Center 25001 Emery Road Suite 100 Cleveland, OH 44128		H	Medical services			79.61
Account No. First Federal Credit Control 24700 Chagrin Blvd., Ste. 205 Beachwood, OH 44122			Additional Notify: Westside Imaging Center			Notice Only
Account No.						
Account No.						
Account No.						
Sheet no. 11 of 11 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						Total (Report on Summary of Schedules)
						646.61
						41,112.74

**United States Bankruptcy Court
Northern District of Ohio**

In re **Brian Thomas Finley
Jessica Marie Finley**

Debtor(s)

Case No. **10-13311-H**

Chapter **13**

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 28 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date June 8, 2012

Signature /s/ Brian Thomas Finley
Brian Thomas Finley
Debtor

Date June 8, 2012

Signature /s/ Jessica Marie Finley
Jessica Marie Finley
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.